

# School-Based Telehealth Workgroup

## INFORMATION GATHERING TABLES

### Draft Version 4.2

The Maryland Health Care Commission (MHCC) appreciates the contribution made by members of the School-Based Telehealth Workgroup (workgroup). The MHCC is in the *information gathering stage* and seeks workgroup member input to complete the tables on the topic categories below. This information will be used to guide future deliberations by the workgroup. We anticipate completing the tables over multiple meetings with the diverse perspectives of workgroup members.

The items are organized by key categories based on discussions with the workgroup. This document is for information gathering purposes only and should not be considered a comprehensive list of all topic categories of discussion. Certain bullet points identified in the grids are supported by literature while others are aspirational or anecdotal. Those that are literature-based are marked with an asterisk; reference used for these items are included at the end of this document.

### Instructions

The top row of each table identifies a topic/concept of discussion. Each table includes three quadrants: benefits, barriers/challenges, and solutions. Each quadrant is subdivided to include persons or entities (e.g., students, MSDE, schools or school districts, grant funds, private payors) that have a role in or may be impacted by the topic/concept of discussion. Other persons and entities may be added by the workgroup during discussions. We ask that workgroup participants list possible benefits, barriers/challenges, and solutions related to the topic/concept. Workgroup participants are not required to complete each quadrant for each table; we ask that participants identify benefits, barriers/challenges and solutions that are most relevant for them and are supported by literature, if possible. If the item is literature-based, please include an end note. After benefits, barriers/challenges, and solutions are identified, workgroup participants are asked to identify key themes that summarizes solutions identified for each table. Identify key themes will be considered in developing informal draft recommendations.

### Definitions

*Benefit:* The value derived from producing or consuming a service

*Barrier/Challenge:* A circumstance or obstacle (e.g. economic, political, institutional, environment, social, etc.) that hinders or prevents progress, including a difficult task or complex situation that must be overcome in order to implement a solution

*Key Themes:* A key takeaway statement that summarizes table quadrants that can be used to formulate potential recommendations.

*Solution:* An idea aimed at solving a problem or managing a difficult or complex situation.

## Key Categories

- Service Delivery/Operations: Providing school-based telehealth<sup>1</sup> services<sup>2</sup> including implementation, compliance, management and maintenance

Table 1

Implementation of telehealth within schools	
<b>BENEFITS</b> <i>Students</i> <ul style="list-style-type: none"> <li>● Increased access to services, including preventive services, particularly in areas with provider shortages</li> <li>● Decreased absenteeism*</li> <li>● Enhanced health literacy</li> <li>● Improved academic and health outcomes</li> </ul> <i>Parents/guardians</i> <ul style="list-style-type: none"> <li>● Expanded access to health and Individualized Education Plan (IEP)<sup>3</sup> services for children</li> <li>● Ability for child to be treated at school, reducing time off of work</li> <li>● Reduced travel costs to school/provider</li> <li>● Health equity for caregivers who are unable to provide these services for their children</li> </ul> <i>Schools or school districts</i> <ul style="list-style-type: none"> <li>● Addresses provider shortages</li> <li>● Ability to better provide support to students with specialized needs (e.g., IEPs, behavioral health, chronic disease management, etc.)</li> <li>● Increased access to compensatory services or home/hospital services</li> <li>● Minimizes student absenteeism</li> <li>● Opportunity to keep teachers at work</li> </ul>	<b>BARRIERS &amp; CHALLENGES</b> <i>Students</i> <ul style="list-style-type: none"> <li>● Concerns with potential disruption to the medical home</li> <li>● Confidentiality concerns*</li> <li>● Potential discomfort with seeing a new provider, especially in cases where parent is unable to join visit</li> </ul> <i>Parents/guardians</i> <ul style="list-style-type: none"> <li>● Parent desire for child to see their own primary/specialty care provider</li> <li>● Confidentiality concerns*</li> <li>● Addressing concerns around the treatment relationship with unknown telehealth providers</li> <li>● Lack of support or enthusiasm for the program*</li> </ul> <i>Schools or school districts</i> <ul style="list-style-type: none"> <li>● Beliefs that telehealth is not able to adequately support students*</li> <li>● Cost</li> <li>● Need for private, physical space to offer telehealth services</li> <li>● Lack of staff support/buy-in</li> <li>● Ownership of the child's medical record (FERPA/HIPAA)</li> <li>● A telehealth-only model presents challenges when a service is not appropriate to be delivered via telehealth (i.e., reproductive health for secondary school, children)</li> </ul>
<b>SOLUTIONS</b> <i>Students</i> <ul style="list-style-type: none"> <li>● Provide relevant clinical information to the child's primary/specialty care provider regarding the telehealth encounter/intervention</li> <li>● Engage community-based primary/specialty care provider to deliver care via telehealth</li> </ul> <i>Parents/guardians</i> <ul style="list-style-type: none"> <li>● Build awareness around the potential value in using telehealth services</li> <li>● Connect the child to their primary/specialty care provider for a telehealth encounter</li> </ul> <i>Schools or school districts</i> <ul style="list-style-type: none"> <li>● Demonstrate the instances for which outcomes of telehealth services can be the same as an in-person services</li> <li>● Provide an education ROI model that focuses on student impact of telehealth services</li> <li>● Create a learning community of providers, hospitals, FQHCs, local health departments, etc. to share best practices and best communication strategies</li> </ul>	

<sup>1</sup> Telehealth, means as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a location other than the location of the patient. "Telehealth" does not include: (i) an audio-only telephone conversation between a health care provider and a patient; (ii) an electronic mail message between a health care provider and a patient; or (iii) a facsimile transmission between a health care provider and a patient.

<sup>2</sup> School-based telehealth services include those available to all students, students with IEP, within or outside of a SBHC, including but not limited to non-medical therapeutic services (e.g., mental health counseling, psychoeducational assessments, psychological consultations, etc.) and non-clinical services (e.g. occupational therapy, speech therapy, etc.).

<sup>3</sup> The IEP is a written plan that describes the special education and related service support needed for a child with a disability. The IEP defines the type and amount of services needed and where the services will be delivered. School staff is responsible for the implementation of the IEP.

- Seek grant funds to cover implementation costs, such as training, equipment purchases, upgrades to technical infrastructure, etc., as well as to pilot innovative uses of telehealth

**KEY THEMES**

- Establish and expand the use of telehealth in primary and secondary schools
- Encourage school districts to be innovative in developing telehealth models in partnership with State agencies and community providers
- Increase participation from community providers and MCOs to use telehealth

**PARKING LOT**

- Online therapies can also include evaluations, re-evaluations, and participation in IEP meetings
- Impact on the larger community
- Industry supports that are available (i.e., ASHA)
- Transfer of service delivery from a person in the school to someone located remotely
- Medical neighborhood (stakeholder)
- Issues of educating the distant site service providers regarding using technology
- Scope of provider practice

Table 2

**Building awareness about the value of telehealth services**
**BENEFITS**
*Students*

- Opportunity to learn about alternative methods to receive services using technology

*Parents/guardians*

- Awareness that the services are available to start a conversation about their child receiving these services

*Schools or school districts*

- Opportunity to gain buy-in from school leadership to offer telehealth
- Opportunity to obtain information to advocate for bringing services into the school

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**BARRIERS & CHALLENGES**
*Students*

- Caution from immigrant parents around talking to someone they don't know
- Appropriately targeting awareness building for self-directive services
- Potential stigma if technology is only used for IEP/mental health services
- Messaging about which students are suitable for telehealth and what are the services that are offered for these students

*Parents/guardians*

- Messaging about which students are suitable for telehealth and what are the services that are offered for these students
- Parent preconceived notions about telehealth services being inferior to in-person
- Parent linguistic/cultural barriers

*Schools or school districts*

- Competing priorities of leadership and availability to hear about telehealth services
- Identifying where/who/how/when the awareness building should be targeted
- Appropriately developing awareness building strategies for all parents/guardians including language, culture, etc.
- Remaining cognizant of different equity issues across all students including translation issues
- Access to parents and ability to get the message out to them
- Messaging about costs

2

**SOLUTIONS**
*Students*

- Educate students about the process and benefits of telehealth services, including live demonstrations of the technology
- Reassure students that telehealth is similar to seeing a provider in-person
- Provide opportunities to try and test use of new technology
- Target awareness building to students that are good candidates for telehealth

*Parents/guardians*

- Provide parents information about the benefits of using telehealth to connect their children to the services they need, including live demonstrations of the technology
- Implement an awareness building strategy that considers parents and guardians across all students of the population
- Incorporate information on telehealth into health services information already provided by schools
- Require parental consent for children to receive services via telehealth

*Schools or school districts*

- Offer hands-on demonstration of the telehealth technology
- Provide clear facts to leadership on current challenges and how telehealth services can address these challenges
- Demonstrate the instances for which outcomes for telehealth services can be the same as in-person services, including success stories from schools that have implemented telehealth services

**KEY THEMES**

- Build awareness and comfort among students, parents, school administrators, payors, State agencies, and service providers regarding the definition and value of telehealth, including messaging that telehealth can enhance services that are already being delivered
- Use language that is appropriate and culturally sensitive for the parents/students
- Use pilot program results to demonstrate uses, efficacy, and feasibility of telehealth

**PARKING LOT**

- Methods to increase awareness to students could include:
  - Demonstrations and videos of exams to increase comfort level of students
  - Peer promotion from telemedicine users
  - Presentations to student groups
  - Focus groups for older students on how to best promote program to parents and other students
- Methods to increase awareness for parents could include:
  - Promoting the benefits through schools' email blasts
  - School principals promoting program in letter to parents, speaking about program at Back to School Nights, PTA meetings, and other parent events.
  - Including enrollment packets in school mailings and making it part of new student registrations
- Cost savings of not having a translator by accessing a service provider that is linguistically appropriate

Table 3

**Ensuring the continuum of care/care coordination via telehealth**
**BENEFITS**
*Students*

- Increase in coordination between students' primary/specialty providers and school healthcare professionals
- Potential for an increase in medication adherence, monitoring, and education\*

*Parents/guardians*

- Decrease in time away from work while maintaining continuum of care
- Increase in communication between schools and service providers with parents to discuss care management and coordination\*
- Potential for fewer visits/less duplicity

*Primary care and specialty care providers*

- Improved ability to successfully treat patients due to an increase in access to patients\*

*Schools or school districts*

- Decreased absenteeism and enhanced overall health of students\*
- Enhanced continuity of care and communication with school nurse\*

*Payors*

- Facilitates better management and early intervention for patients health condition to reduce health care related costs

**BARRIERS & CHALLENGES**
*Students*

- Consent and HIPAA/FERPA concerns\*
- Inability to be seen by their own provider via telehealth
- Lapses in communication between school/remote providers and the child's primary/specialty care provider due to technology or other gaps (i.e., lack of EHR)

*Parents/guardians*

- Child's primary/specialty care provider is not engaging in telehealth services
- Concerns around sharing child's information

*Primary care and specialty care*

- Lack of buy-in or support from providers\*
- Technical limitations of some community providers (e.g., insufficient internet access, lack of an EHR, etc.).
- Concern that telehealth could lead to the "doc-in-a-box" model and reduce continuity of care over time

*Schools or school districts*

- Lack of buy-in or support from school staff and leadership\*
- HIPAA/FERPA requirements and obtaining consent to share information\*

**SOLUTIONS**
*Students*

- Strive to coordinate with local providers
- Obtain parental consent to contact the child's primary/specialty provider
- Ensure streamlined workflow for information sharing, particularly for providers who lack certain technical capabilities (e.g., EHR)
- Provide a combination of in-person and telehealth services

*Parents/guardians*

- Inform parents of the benefits to sharing the child's information with the appropriate providers
- Inform parents of the confidentiality requirements around the child's information and the methods used to protect child information

*Primary care and specialty care*

- Engage the community and secure community support using community wide-meetings and personal visits to crucial stakeholders\*
- Ensure that the telehealth program is filling a health care gap and not duplicating services\*

*Schools or school districts*

- Ensure that the telehealth program is filling a health care gap and not duplicating services\*
- Use the beginning of the year/enrollment as a time to obtain consent\*
- Engage community providers to deliver telehealth services
- Develop a process to engage and/or communicate relevant information to the child's primary/specialty provider
- Provide a combination of in-person and telehealth services
- Develop partnerships with FQHCs to align on similar goals/continuity of care

**KEY THEMES**

- Develop telehealth policies that foster its use and enhances existing care delivery initiatives
- Ensure privacy of data and that correct data are sent to providers during care coordination activities
- Align telehealth with Maryland alternative care delivery models
- Explore opportunities to foster medical home participation in collaboration with MCOs in telehealth and the possibility for care coordination to be a telehealth service
- Communicate health information to providers in a timely and consistent manner

**Parking Lot**

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Table 4

<b>Technology (i.e., hardware and software) used in a telehealth encounter</b>	
<b>BENEFITS</b> <i>Schools and Providers</i> <ul style="list-style-type: none"> <li>Increased access to providers to deliver necessary services, while providing quality care*</li> <li>Potential to enhance service delivery, particularly in the area of diagnostics</li> </ul> <i>Students</i> <ul style="list-style-type: none"> <li>Technology could be viewed as “cool” thereby potentially reducing stigma of IEP services</li> </ul> <i>Parents/guardians</i> <ul style="list-style-type: none"> <li>Opportunity for increased involvement of parents/guardians in services provided at school through virtual participation (e.g., 3-way conferencing)</li> </ul>	<b>BARRIERS &amp; CHALLENGES</b> <i>Schools and Providers</i> <ul style="list-style-type: none"> <li>Access to broadband connectivity, particularly in rural areas*</li> <li>Broadband connectivity demand may require schools to have their own connection to support telehealth</li> <li>Access to technicians to address problems with equipment *</li> <li>Need for continual training of providers and staff*</li> <li>Level of comfort with the technology*</li> <li>Limited space for telehealth equipment that is both private and secure</li> <li>Ownership over the technology processes</li> <li>Evolution of telehealth technology is fast paced</li> </ul> <i>Students</i> <ul style="list-style-type: none"> <li>Ability to use technology and the potential need for significant oversight/supervision and/or modifications to the technology</li> </ul> <i>Parents/guardians</i> <ul style="list-style-type: none"> <li>Level of comfort with the technology*</li> </ul>
<b>SOLUTIONS</b> <i>Schools and providers</i> <ul style="list-style-type: none"> <li>Provide hands-on training and demonstrations, including tutorials and practice drills*</li> <li>Provide continual technical support*</li> <li>Research partnerships with local universities, hospitals, health care systems, or telehealth vendors for implementing and maintaining technology*</li> <li>Use mobile hotspots to increase connectivity</li> <li>Establish interoperability to help with continuity of care</li> <li>Select technology that is easy and intuitive for users (i.e., VA’s “Blue button” model)</li> <li>Leverage federal programs to facilitate enterprise connectivity for schools (community anchor institutions)</li> </ul> <i>Students</i> <ul style="list-style-type: none"> <li>Utilize user experience design when developing a solution to support telemedicine*</li> </ul> <i>Parents/guardians</i> <ul style="list-style-type: none"> <li>Provide demonstrations of the technology</li> </ul>	
<b>KEY THEMES</b> <ul style="list-style-type: none"> <li>Encourage innovative technical solutions and models for implementing telehealth</li> <li>Consider the community/distant providers’ ability to meet the standards regarding technology and connectivity in order to be able to deliver the telehealth services</li> </ul>	
<b>PARKING LOT</b> <ul style="list-style-type: none"> <li>Review/align recommendations with the Maryland Taskforce for Rural Broadband</li> </ul>	

Table 5

**Management and administration of people, processes, and procedures to deliver telehealth services**

<b>BENEFITS</b> <i>State regulation</i> <ul style="list-style-type: none"> <li>• Develop program standards for staffing qualifications, training, etc.</li> <li>• Develop standards for telehealth technologies and treatment protocols</li> <li>• Ability to provide oversight of telehealth services to ensure that quality and confidentiality standards are met</li> </ul> <i>Schools or school district</i> <ul style="list-style-type: none"> <li>• Control resource allocation and distribution across the school district according to measured or perceived needs for telehealth</li> <li>• Oversight of individuals delivering telehealth services with standardized protocols</li> </ul> <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> <li>• Ability to require certain standards to be met in order for schools to be reimbursed for telehealth services</li> </ul>	<b>BARRIERS &amp; CHALLENGES</b> <i>State regulation</i> <ul style="list-style-type: none"> <li>• “One-size fits all” regulations may not be appropriate solutions for diverse schools and districts</li> <li>• Limitations imposed by licensing boards on telehealth service providers</li> </ul> <i>Schools or school districts</i> <ul style="list-style-type: none"> <li>• Schools with limited resources may have staffing challenges to be able to manage telehealth services</li> <li>• Difficulty hiring providers</li> <li>• Contract management</li> <li>• Authority over telehealth service providers who may not be employed by the school</li> </ul> <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> <li>• Time to develop and implement new processes for reimbursement of telehealth services</li> </ul>
<b>SOLUTIONS</b> <i>State regulation</i> <ul style="list-style-type: none"> <li>• Include flexibility in development and periodic reevaluations of regulations</li> <li>• Incorporate stakeholders in rules development</li> <li>• Provide flexibility to schools/school districts to manage the delivery of telehealth services</li> </ul> <i>Schools or school districts</i> <ul style="list-style-type: none"> <li>• Dedicate funds for telehealth at the district-level to facilitate staff hiring</li> <li>• Ensure contracts have clear language around authority governing telehealth services providers (i.e., school vs telehealth service company/health care organization)</li> <li>• Establish innovative care delivery models incorporating telehealth with hands-on care</li> </ul> <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> <li>• Modify Medicaid regulations/policies</li> <li>• Expand reimbursement from non-government payers for telehealth services</li> </ul>	
<b>KEY THEMES</b> <ul style="list-style-type: none"> <li>• Allow school districts greater flexibility in the processes and procedures to meet the standards when developing telehealth programs that meet the unique needs of their populations/community, as well as the flexibility to allow for changes as the technology progresses</li> <li>• Explore the possibility to change current laws, regulations, and standards that exist that are no longer applicable in telehealth care delivery and, in the interim, use of exemptions/waivers/variance</li> </ul>	
<b>PARKING LOT</b> <ul style="list-style-type: none"> <li>• Legislative involvement – Specify authority to regulate</li> <li>• Cost and quality of care among the various staffing solutions to determine the most efficient resource allocation</li> </ul>	



Table 6

**Existing telehealth compliance requirements, including SBHC application process, standards, and reporting**

<b>BENEFITS</b> <i>MSDE/MDH</i> <ul style="list-style-type: none"> <li>Consistent process for monitoring, reporting, and evaluating quality standards</li> <li>Ability to model the established process to other areas of the school (i.e., SHS)</li> <li>Authority to provide professional development and technical assistance to schools seeking to implement telehealth</li> </ul> <i>Schools or school districts</i> <ul style="list-style-type: none"> <li>Establishes a framework for financing</li> <li>Protection for the provider and child</li> <li>Benefits the students who have special needs (both medical and special ed)</li> <li>Expansion of services to areas experiencing shortages of qualified providers</li> </ul>	<b>BARRIERS &amp; CHALLENGES</b> <i>MSDE/MDH</i> <ul style="list-style-type: none"> <li>There are no laws that govern SBHCs, only policies</li> <li>No policies around using telehealth in the SHS setting</li> <li>Policies around mental health services are not clear</li> <li>Separating telehealth as a care delivery modality from the care delivery within a SBHC</li> </ul> <i>Schools or school districts</i> <ul style="list-style-type: none"> <li>Technical infrastructure to support telehealth</li> <li>Time required to go through the process to set up a SBHC, regardless of telehealth</li> <li>Cost to set up a full SBHC is significant</li> <li>SBHC requirement to have a provider on site</li> <li>Availability of school nurses to use telehealth</li> <li>Lack of policies for emergencies that may arise when a school nurse is utilizing telehealth, etc.</li> <li>Staffing resources and consideration of the burden on providers and school nurses</li> </ul>
<b>SOLUTIONS</b> <i>MSDE/MDH</i> <ul style="list-style-type: none"> <li>Develop policy for having telehealth in SHS that allows for some innovation while protecting students and quality of care</li> <li>Look to other states for existing models for using telehealth in schools</li> <li>Identify core competencies that are needed for setting up telehealth programs</li> </ul> <i>Schools or school districts</i> <ul style="list-style-type: none"> <li>Adding to/streamlining existing/developing new policies for telehealth programs</li> </ul>	
<b>KEY THEMES</b> <ul style="list-style-type: none"> <li>Explore opportunities to introduce efficiencies into the processes for offering telehealth in schools</li> <li>Consider separating the standards for offering telehealth in SHS and SBHCs because of the flexibility for services offered by SBHCs (not in statute)</li> </ul>	
<b>PARKING LOT</b> <ul style="list-style-type: none"> <li>Schools that are using telehealth could serve as a model for other school districts to develop policies</li> <li>Schools may not be seeking the originating site fee from Medicaid</li> <li>Lack of definition for what constitutes adequate health services, which schools are required to provide by statute</li> <li>Meeting to discuss telehealth policies MDH and MSDE to support new solutions is in the works</li> </ul>	

Table 7

<b><i>Establishing adequate funding sources to implement telehealth and establishing a sustainable telehealth program</i></b>	
<b>BENEFITS</b> <ul style="list-style-type: none"> <li>• Cost savings for having only an RN vs. MD, NP etc.</li> <li>• Use with certain sub-specialties where a funding model exists</li> <li>• Expanding capacity for certain specialties for consultations only to augment services on site</li> </ul>	<b>BARRIERS &amp; CHALLENGES</b> <ul style="list-style-type: none"> <li>• Potentially not a good ROI for all services in the SHS setting</li> <li>• Must have a high volume of visits to off-set the upfront costs</li> <li>• Anti-kickback laws that limit providers/practices from reimbursing school for delivering care via telehealth</li> <li>• Using telehealth for IEP services does not result in a cost saving benefit for using remote providers</li> <li>• Ensuring equity in student access regardless of payor/insurance status</li> </ul>
<b>SOLUTIONS</b> <ul style="list-style-type: none"> <li>• Use existing models, e.g., Howard County has a partnership with hospitals and is not paying the providers</li> <li>• Develop mechanism(s) for a provider to reimburse the schools</li> <li>• Develop a telehealth cost sharing model (ACO-like)</li> <li>• Develop a funding mechanism for telehealth for IEP services</li> </ul>	
<b>KEY THEMES</b> <ul style="list-style-type: none"> <li>• Explore the expansion of Medicaid and private payor reimbursement for telehealth, including SHS and special education and related services</li> <li>• Use telehealth to deliver services that are not currently reimbursed in a more cost effective manner</li> <li>• Develop reimbursement mechanisms for services that schools currently provide or could potentially provide in the future</li> </ul>	
<b>PARKING LOT</b> <ul style="list-style-type: none"> <li>• Project ECHO – dealt with issues regarding linking to the community and funding which occurred through grants</li> <li>• University of Rochester model – mobile tele-presenter model funded through agreement with MCOs</li> <li>• Continuity of care from a SHS to the child’s medical home doesn’t exist currently absent telehealth</li> <li>• SHS using telehealth does not have a huge cost to the school (originating site) and the provider could still bill for the distant site</li> </ul>	

Table 8

**Existing Medicaid and private payor telehealth reimbursement models**

<b>BENEFITS</b> <i>Commercial</i> <ul style="list-style-type: none"> <li>Private payors reimburse for any service that is rendered that would be covered in person (SBHCs would be included)</li> </ul> <i>Medicaid</i> <ul style="list-style-type: none"> <li>Medicaid will reimburse for services within a SBHC</li> <li>Medicaid reimburses both the telehealth originating and distant sites; distant sites reimbursed at the full Medicaid rate</li> </ul>	<b>BARRIERS &amp; CHALLENGES</b> <i>Commercial</i> <ul style="list-style-type: none"> <li>In-network vs. out-of-network providers</li> <li>Getting the in-network status for some private payors can be prohibitive</li> <li>Do not reimburse telehealth originating sites</li> <li>Do not cover IEP services</li> </ul> <i>Medicaid</i> <ul style="list-style-type: none"> <li>Originating site vs. distant site (i.e., SBHCs are only approved school originating site and both must have a Medicaid ID to bill)</li> <li>No policies and potential scope of practice concerns for school nurses to bill for Q-codes (i.e., originating site fees) for services via telehealth</li> <li>Only SBHCs can register as originating sites to be eligible for reimbursement</li> <li>Providers must register and be approved as telehealth providers to bill</li> <li>IEP telehealth services are not reimbursed</li> <li>Reimbursement issues regarding the place of the student (e.g., students at home)</li> </ul>
<b>SOLUTIONS</b> <i>Commercial</i> <ul style="list-style-type: none"> <li>Work to get more schools as in-network providers</li> </ul> <i>Medicaid</i> <ul style="list-style-type: none"> <li>Allow for IEP services to be reimbursed when rendered through telehealth</li> <li>Allow for other types of sites (i.e., SHS) to be reimbursed</li> <li>Allow for other provider types (i.e., RNs) to be eligible for reimbursement</li> </ul>	
<b>KEY THEMES</b> <ul style="list-style-type: none"> <li>Explore the expansion of Medicaid and private payor reimbursement for telehealth, including SHS and special education and related services</li> </ul>	
<b>PARKING LOT</b> <ul style="list-style-type: none"> <li>Carriers, including CareFirst, are enrolling SBHCs in-network regardless of telehealth</li> <li>Medical home models</li> <li>Change of policies for Medicaid to add schools/RNs etc would be a heavy lift</li> <li>Data to articulate the cost savings</li> </ul>	

## LITERATURE

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